



Georgia Medicaid

Provider Focus

March 2010

‘Contact Us’ Enhanced for Greater Access and Service

The GHP Web Portal’s Contact Us feature has been enhanced to allow greater access to each ACS Provider Field Representative. A new Field Representative option has been added to the Inquiry Category drop-down field to allow providers to elect to have a field representative handle their Contact Us inquiries. In addition, a new Inquiry Assignment drop-down box has been added to allow providers to select the appropriate field representative for the territory in which services are rendered. Field representatives will respond to each inquiry within five business days.

Please note that the individual field representative e-mail boxes (fieldrep01@acs-inc.com, fieldrep02@acs-inc.com, etc.) will be available for 30 days. After the 30 day e-mail transition period has expired, the individual field representative e-mail boxes will be discontinued. Providers will need to use the Contact Us feature to contact their field representatives directly. Providers may also contact their field representatives by calling 866-317-6024. Remember, the field representatives are best suited to handle more complex or time-intensive research inquiries. These types of issues are generally related to a large number of denials, a need for onsite training for new practice employees or refreshers for existing office staff. Field representatives may also assist with training for specific categories of service. ACS is committed to constantly improving service and communication with the Georgia Medicaid provider community.

GBHC Enrollment Policy Reminder

Effective October 1, 2009, applicants to the Georgia Better Health Care program must be actively enrolled in the Georgia Medicaid/Peachcare for KidsTM program PRIOR to submitting the GBHC application. The Department will not process your GBHC application until the provider has an active primary category of service at the location for which they are applying for participation in the GBHC program.

Applicants to the GBHC program must be actively participating in the Georgia Medicaid program and routinely delivering primary care in one of the following categories of service: physician, physician's assistant, nurse practitioner (specializing in family practice, pediatrics or gynecology), rural health center, federally qualified health care center, hospital based rural health center, primary care hospital outpatient clinic or a Georgia-based public health department.

If you submitted an application for the GBHC program before receiving approval for your primary care category of service, please resubmit your application once you have received notice that your primary category of service has been approved.

Thank you for your continued participation in the Georgia Medicaid/Peachcare for KidsTM program.

Medicaid's Medical Care Advisory Committee

The Medical Care Advisory Committee (MCAC) is mandated by §431.12 of Title 42 of the Code of Federal Regulations. MCAC is not a policy making board. The Committee is critical to providing a mechanism for communication between the community and the Department of Community Health. Also, the MCAC serves to further the mission of the Department to promote access to affordable health care, appropriate planning of health care resources and promoting healthy behaviors and outcomes.

The Department looks to the MCAC to:

- Review and advise the Department about policy proposals for potential provider and member impact;
- Propose policy changes that further the mission of the Medicaid program;
- Represent relevant and diverse viewpoints of the Medicaid consumers, providers and the general public.

MCAC membership may be comprised of Medicaid members, board certified physicians and healthcare professionals who serve the Medicaid population and other individuals with Medicaid knowledge and a background in healthcare. The current Committee membership spans various healthcare specialties such as hospital, long term care, obstetrics, pediatrics, pharmacy and public health, as well as member advocates. MCAC meeting dates and location are posted on the DCH Web site, www.dch.georgia.gov, under Public Meetings and Notices. If you have any questions about the MCAC, you may contact Gia Compton at gcompton@dch.ga.gov.

GAMMP Terminated Effective March 1, 2010

Effective March 1, 2010, the Georgia Medicaid Management Program (GAMMP) will be terminated. The GAMMP was an administrative service organization for members in the fee-for-service population and provided care coordination, case management and disease management.

GAMMP members enrolled in the Georgia Better Healthcare (GBHC) program are eligible for enrollment in the Georgia Enhanced Care (GEC) Program. The GEC Program is a disease management program in existence since October 2005 which provides registered nurse case managers on a 24-hour/seven days per week/365 days per year basis. The program also offers education to both members and providers. Children under the age of 19 years may opt into the GEC program. Adults 19 years and older will be automatically assigned to GEC.

There are two GEC regions in the state. Region 1 includes north Georgia and the metro Atlanta area. APS Healthcare is the Region 1 GEC vendor and can be contacted at 866-220-1747. Region 2 includes south and central Georgia. The Region 2 GEC vendor is United Healthcare/Americhoice. They can be reached at 800-718-5848.



Where To Go When You Need Help

As a provider, you have many resources available to assist you with your day-to-day Medicaid business interactions. Depending upon the urgency and complexity of your issues, the resources below can be used to help resolve problems or answer inquiries.

Call Center

If you need immediate assistance, the call center is the best resource to use for assistance. The call center continues to be the most common contact method that most providers use for their Medicaid inquiries. The call center receives over 60,000 calls a month and consistently answers most calls within 30 seconds. The best time to call is between 11:00 a.m. and 2:00 p.m. The call center assists with questions regarding covered services and billing procedures. The most efficient use of the call center is for claims status or denial explanation, to report keying errors or to obtain assistance with EDI claims and GHP Web Portal questions.

Contact Us

If you need urgent but not immediate assistance, use the Contact Us link on the GHP Web Portal. Any inquiries or requests can be submitted using this form and all responses are sent back in writing via e-mail. All responses are routinely answered within 72 business hours but actual performance is closer to 48 business hours. If you would like to appeal the processing of a claim, you can submit it through Contact Us. The DMA-520 is not required.

Be sure to include the provider first and last name, provider ID, prior authorization (PA) number, member name and MHN, Medicaid member ID or social security number (SSN) in your Contact Us e-mail when inquiring about Medicaid member information, provider enrollment, prior authorizations or general inquiries.

When inquiring about Medicaid claims, include the provider ID, provider first and last name, member name and transaction control number (TCN) in your Contact Us e-mail. If you do not have the TCN, include the provider first and last name, provider ID, member name, member ID or SSN, date of service and total charges in your Contact Us e-mail.

Field Services

The field services team performs live online training courses, travels onsite to providers in their territory and responds to calls and e-mails received from the Medicaid community. Your area field representative is best suited to handle more complex or time-intensive research inquiries. These types of issues are generally related to a large number of denials, onsite training for new employees or refreshers for existing office staff and assistance with training for specific categories of service such as HealthCheck or Hospice serves. Remember the following information when contacting your field representative:

- The turnaround time for calls and e-mails is five business days.
- Urgent issues, regardless of complexity, are best serviced through the call center.
- Ensure that you are registered on the GHP Web Portal to receive special invitations to provider assistance meetings in your local area with your field representative.
- Calls and e-mails require the same provider, member and claims information as call center and Contact Us inquiries. Use the table below to determine the best resource to handle your Medicaid inquiries.

Who To Contact	Urgency	Complexity	How	Response Time
Self Service	Immediate	Claims status, exception code descriptions, member eligibility, prior authorization submission and status, generate referrals and check status, procedure code lookup	visit www.ghp.ga.gov	Less than one second response time
Call Center	Immediate	Payment errors, billing instructions, claims explanations, provider enrollment instructions and status	800-766-4456	80 percent of all calls answered within 30 seconds
Call Center	Immediate	Web portal and EDI inquires	800-987-6715	80 percent of all calls answered within 30 seconds
Contact Us E-mail	Urgent	General inquiries, claims review/explanation, forms requests	Contact Us link on the GHP Web Portal	100 percent of e-mails answered in 72 hours
Field Services	Long Term Assistance	Training - online or onsite, billing/claims issues impacting 25 or more claims, provider enrollment inquiries, A/R recoupment-balance inquires	866-317-6024 or Contact Us link on the GHP Web Portal	Five Business Days

DCH Promotes Health Information Technology

Electronic Health Records (EHR), a patients' digital medical history, have been used by some providers for a decade now. As technology has advanced, the idea of exchanging the information in these records with other providers has become a very smart, efficient way to care for patients. Across the country, hospital and provider groups have begun building electronic Health Information Exchanges (HIE) to connect multiple providers so they have the ability to share information and give better, faster care to their patients.

Georgia Department of Community Health (DCH) has been at the forefront of Health Information Technology (HIT) in Georgia since 2006 when Governor Sonny Perdue established the Health Information Technology and Transparency Advisory Board. Since then, DCH has launched a healthcare transparency Web site, www.georgiahealthinfo.gov, provided matching grants to help implement EHRs in Georgia and, most recently, is leading efforts that have been given a financial boost by the American Recovery and Reinvestment Act (ARRA).

DCH was awarded \$3,171,328 from the U.S. Department of Health and Human Services (HHS), Centers for Medicare & Medicaid Services (CMS) to develop a State Medicaid Health Information Technology Plan (SMHP) and the initial planning to promote the adoption and utilization of certified EHRs among Medicaid providers. These funds are specifically for the planning phase only, during which the Medicaid Incentive Program (MIP) will be developed.

During the six month MIP planning phase, DCH will:

- Conduct an environmental scan of Georgia's current Health IT landscape
- Outline strategy for incentive payments through ARRA funds
- Plan for DCH's routine monitoring of 'Meaningful Use of EHRs'
- Design a comprehensive program that aligns the MIP with the existing state Health IT

Once implemented, the MIP will encourage the use of EHRs through incentive payments to providers and hospitals with 30 percent of patients covered by Medicaid.

DCH was also awarded approximately \$13M by the Office of the National Coordinator to develop a strategic and operational plan and to establish a State Health Information Exchange that will allow the secure exchange of health information between public and private health care entities across the state. Additionally, DCH is working closely with Morehouse School of Medicine's National Center for Primary Care, the newly designated Regional Extension Center.

As Georgia continues to move forward in Health IT, DCH plans to keep providers educated on its plans through communications, seminars and on-site trainings.

Tips for Successful EDI Enrollment Transactions

To receive electronic remittance advices (RA's), submit claims and view eligibility information via WINASAP2003 or a clearinghouse, providers must be successfully enrolled in the Georgia ACS Electronic Data Interchange (EDI) Gateway. If you have encountered issues with your EDI enrollment, here are a few helpful tips to assist you with this process.

In order to receive electronic RAs, the payee provider ID number must be registered with EDI and linked to a clearinghouse that has a trading partner ID with Georgia Medicaid. A payee provider ID number can only be linked to one trading partner ID at a time. It is important to note that X12 835 transmissions are the only type of transactions that can be processed through EDI for payee ID numbers. However, claims and eligibility transactions will be processed only for rendering provider IDs.

There are ways to ensure that your payee provider ID is properly registered with EDI, based upon the current status of the trading partner, which is typically a billing agency or clearinghouse.

Trading Partner – Currently Enrolled with Georgia Medicaid with a Trading Partner ID

- Submission of the Power of Attorney (POA) for EDI is required.
- Submission of the EDI Update form is required if the payee provider ID number is currently linked to a trading partner for X12 835 transmissions. The EDI Update form should request the removal of the current trading partner and replace it with the trading partner ID on the POA for EDI.

Billing Agency/Clearinghouse – Currently Not Enrolled with Georgia Medicaid with a Trading Partner ID

- Submission of both the Submitter Enrollment and POA for EDI forms is required.
- Submission of the EDI Update form is required if the payee provider ID number is currently linked to a trading partner for X12 835 transmissions. As stated previously, the update form should request the removal of the current trading partner and replace it with the trading partner ID on the POA for EDI.

Payee Provider IDs linked to a Trading Partner ID

- Submission of a new notarized POA for EDI with the new trading partner ID
- Submission of the EDI Update form requesting the removal of the current Trading Partner ID is required. Please note that if the EDI Update form is not received, the POA for EDI as a request to remove the existing trading partner will be accepted.

Read next month's *Provider Focus* to find out more about the processing guidelines for linking rendering provider ID numbers to enrolled trading partners, billing agencies and clearinghouses. These tips will clarify document submission guidelines and reduce the delay and rejection of your requests.

GHP Training for April 2010

Listed below are the upcoming WebEx Training Sessions for April 2010. For additional information, visit www.ghptraining.webex.com.

Course Name	Course Description	Date
UB04 Crossover Web Portal Claims Submission	This course provides step-by-step instructions for submitting a UB04 Institutional Medicare crossover claim via GHP Web Portal. Suggested pre-requisite: UB04 Web Portal Claims Submission.	4/6/2010
CMS 1500 Crossover Web Portal Claims Submission	This course provides instructions for submitting a CMS 1500 Crossover Medicare Claim via GHP Web Portal with real-time claims processing. Suggested pre-requisite: Web Portal CMS 1500 Claims Submission.	4/8/2010
UB04 Web Portal Claims Submission	This course provides instructions for submitting a UB04 Institutional claim via GHP Web Portal with real-time claims processing. Provider should be familiar with UB04 Claim form.	4/8/2010
WINASAP - Database	This course provides step-by-step instructions on how to create a database backup, restore a database, repair database and purge claim data for the WINASAP application.	4/13/2010
CMS 1500 COB Web Portal Claims Submission	This course provides instructions for submitting a CMS 1500 COB Claim via the GHP Web Portal with real-time claims processing. Suggested pre-requisite: Web Portal CMS 1500 Claims Submission.	4/13/2010
CMS 1500 Web Portal Claims Submission	This course provides step-by-step instructions for submitting a CMS 1500 Claim for Professional Services via GHP Web Portal with real-time claims processing. Provider should be familiar with CMS 1500 Claim form.	4/15/2010
CMS 1500 Crossover Web Portal Claims Submission	This course provides instructions for submitting a CMS 1500 Crossover Medicare Claim via GHP Web Portal with real-time claims processing. Suggested pre-requisite: Web Portal CMS 1500 Claims Submission.	4/15/2010
CMS 1500 Web Portal Claims Submission	This course provides step-by-step instructions for submitting a CMS 1500 Claim for Professional Services via GHP Web Portal with real-time claims processing. Provider should be familiar with CMS 1500 Claim form.	4/20/2010
CMS 1500 COB Web Portal Claims Submission	This course provides instructions for submitting a CMS 1500 COB Claim via the GHP Web Portal with real-time claims processing. Suggested pre-requisite: Web Portal CMS 1500 Claims Submission.	4/20/2010
WINASAP - CMS 1500 Claims Submission	This course will instruct WINASAP 2003 users on how to enter the specific information required for accurate claim processing. Suggested pre-requisite: WINASAP - Overview. Users should also be familiar with the CMS 1500 claim form, procedure codes, ICD-9 diagnosis codes and rates.	4/21/2010
UB04 Web Portal Claims Submission	This course provides step-by-step instructions for submitting a UB04 Institutional claim via GHP Web Portal with real-time claims processing. Provider should be familiar with UB04 Claim form.	4/22/2010
CMS 1500 Crossover Web Portal Claims Submission	This course provides instructions for submitting a CMS 1500 Crossover Medicare Claim via GHP Web Portal with real-time claims processing. Suggested pre-requisite: Web Portal CMS 1500 Claims Submission.	4/27/2010
UB04 Crossover Web Portal Claims Submission	This course provides step-by-step instructions for submitting a UB04 Institutional Medicare crossover claim via GHP Web Portal. Suggested pre-requisite: UB04 Web Portal Claims Submission.	4/27/2010
WINASAP Overview	This introductory course provides an overview of the WINASAP application and its various functions.	4/28/2010
CMS 1500 Web Portal Claims Submission	This course provides instructions for submitting a CMS 1500 Claim for Professional Services via GHP Web Portal with real-time claims processing. Provider should be familiar with CMS 1500 Claim form.	4/29/2010

Notification of EDI Enrollment

Currently, if a provider ID number is registered with EDI and linked to a billing agency/clearinghouse to allow submission of claims and eligibility transactions, ACS does not send notification to the provider or clearinghouse that the provider ID number has been linked. ACS Provider Enrollment would like to improve service and communication by sending out notification to the mailing address listed on the provider file. The letter will let the provider know their provider ID number(s) have been linked to the requested trading partner. If you are a billing agency or clearinghouse, please request that your providers notify you when they receive this letter. You may also continue to check status of EDI enrollment documents through the Contact Us function on the GHP Web Portal at www.ghp.georgia.gov or by contacting the CIC at 1-800-987-6715. ACS will be providing an EDI course to further educate providers about the EDI enrollment process. In addition, be sure to read upcoming editions of the Provider Focus Newsletter for our three-part series on completing and submitting EDI enrollment documents. The Provider Focus Newsletter and announcements regarding the EDI course will be provided via e-mail blast and in the banner messages section of the GHP Web Portal.

Provider Field Representative Contact Information

To contact your provider field representative, use the Contact Us link on the GHP Web Portal or call 866-317-6024.

Territory	Representative	Counties
Territory 1	Pearl Blackburn	Bartow, Catoosa, Chattooga, Cherokee, Dade, Dawson, Fannin, Floyd, Forsyth, Gilmer, Gordon, Habersham, Hall, Lumpkin, Murray, Pickens, Rabun, Stephens, Towns, Union, Walker, White, Whitfield
Territory 2	Vanessa Whitley	Fulton
Territory 3	Quandra Hill	Banks, Barrow, Clarke, Elbert, Franklin, Gwinnett, Hart, Jackson, Madison, Oconee, Walton
Territory 4	Michael Simpson	Carroll, Cobb, Douglas, Haralson, Paulding, Polk
Territory 5	Ebony Joyner	Clayton, DeKalb, Rockdale
Territory 6	Nickie Turner	Butts, Chattahoochee, Coweta, Fayette, Harris, Heard, Henry, Jasper, Jones, Lamar, Marion, Meriwether, Monroe, Muscogee, Newton, Pike, Spalding, Talbot, Taylor, Troup, Upson
Territory 7	Vernita Sholes	Baldwin, Burke, Columbia, Glascock, Greene, Hancock, Jefferson, Jenkins, Johnson, Lincoln, McDuffie, Morgan, Oglethorpe, Putnam, Richmond, Screven, Taliaferro, Warren, Washington, Wilkes
Territory 8	Sharon Chambliss	Bibb, Bleckley, Calhoun, Clay, Crawford, Crisp, Dodge, Dooly, Dougherty, Houston, Laurens, Lee, Macon, Peach, Pulaski, Quitman, Randolph, Schley, Stewart, Sumter, Telfair, Terrell, Twiggs, Webster, Wheeler, Wilcox, Wilkinson
Territory 9	James Val	Appling, Bacon, Brantley, Bryan, Bulloch, Camden, Candler, Charlton, Chatham, Effingham, Emanuel, Evans, Glynn, Jeff Davis, Liberty, Long, McIntosh, Montgomery, Pierce, Tattnall, Toombs, Treutlen, Ware, Wayne
Territory 10	Evie Huertas	Atkinson, Baker, Ben Hill, Berrien, Brooks, Clinch, Coffee, Colquitt, Cook, Decatur, Early, Echols, Grady, Irwin, Lanier, Lowndes, Miller, Mitchell, Seminole, Thomas, Tift, Turner, Worth